

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1
Lt. W. Copeland
Staton Correctional Facility
P. O. Box 56
Elmore, AL 36025

07cw335-MEF comp order

A. Signature

x Angela Thornell

☐ Agent☐ Addressee

B. Received by (Printed Name)

Angela Thornell

C. Date of Delivery

5/2/07

D. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number
(Transfer from service label)

7003 0500 0002 7929 4774

d2595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt